economic summit in which we try to put together an economic policy that moves the country forward. Ignoring the problems is not in our best interest. It is not going to solve the country's problems.

We face some significant challenges in national security dealing with the war on terrorism, dealing with Iraq, and a range of other issues. I respect that. But that ought not allow us to take a pass on the economy. It ought not allow the President to not want to talk about the economy. We have very serious problems with the economy, and it is long past time that we get about the business of working together to solve them.

I yield the floor.

The PRESIDING OFFICER. Under the previous order, the Senator from Missouri was to be recognized.

Mr. REID. It is my understanding morning business time has run out; is that correct?

The PRESIDING OFFICER. The Senator is correct.

EXTENSION OF MORNING BUSINESS

Mr. REID. Madam President, I ask unanimous consent that morning business be extended until the hour of 5:15 p.m.

The PRESIDING OFFICER. The Senator from New Mexico is recognized.

MOTHERS AND NEWBORNS HEALTH INSURANCE ACT

Mr. BINGAMAN. Madam President, I rise with the purpose of making a unanimous consent request, which I will make at the end of my remarks, the remarks of my colleague from Missouri, and the remarks of my colleague from Arkansas. The unanimous consent request will be to take up and pass S. 1724, the Mothers and Newborns Health Insurance Act of 2001. This bill was reported by the Senate Finance Committee. This legislation, introduced by Senator BOND and Senator BREAUX, would give States the option of covering pregnant women in the State Children's Health Insurance Program—the CHIP program—for the full range of pre and postpartum care.

This legislation, which as I indicated, was passed by the Finance Committee, was passed by unanimous consent. It was included in S. 1016, which was the Start Healthy, Stay Healthy Act of 2001, which I introduced earlier with Senators LUGAR, MCCAIN, CORZINE, LINCOLN, CHAFEE, MILLER, and LANDRIEU. It provides continuous health care for children throughout the first and the most fragile year of their life.

According to the Centers for Disease Control, the U.S. is 21st in the world in infant mortality. We are 26th in the world in maternal mortality. For a nation as wealthy as ours, this is an unacceptable circumstance.

The sad thing is that we know exactly how to fix this problem. Numerous studies over the years indicate that prenatal care reduces infant mortality and maternal mortality and reduces the number of low-birthweight babies. According to the American Medical Association:

> Babies born to women who do not receive prenatal care are 4 times more likely to die before their first birthday.

Current law creates some unintended consequences that this bill tries to correct. Under the Children's Health Insurance Program, women under the age of 19—that is, until they complete their 18th year—are covered for pregnancy-related services, but once they reach the age of 19, they are no longer covered. This legislation will eliminate that problem by allowing States to cover pregnant women through CHIP, regardless of their age.

This also eliminates the unfortunate separation between pregnant women and infants that has been created as a result of the CHIP program, as it currently is administered.

This is, of course, contrary to longstanding Federal and medical policy through programs such as Medicaid and the WIC Program. There is a report by the Council of Economic Advisors entitled ''The First Three Years: Investments That Pay.'' That report states:

> Poor habits or inefficient health care during pregnancy can inhibit a child's growth, development, and well-being. Many of these effects last a lifetime. . . .

The Washington Business Group on Health has found in its report entitled ''Business, Babies, and the Bottom Line'' that more than $6 in neonatal intensive care costs could be saved for every single dollar spent on prenatal care and low-birthweight babies.

Furthermore, the Agency for Health Care Research and Quality report has found that 4 of the top 10 most expensive conditions in the hospital are related to the care of infants with complications, such as respiratory distress, prematurity, heart defects, and lack of oxygen. All of these conditions can be improved—not totally eliminated but improved—through quality prenatal care.

Some might argue this legislation is unnecessary because the administration is proceeding with a regulation that goes into effect today, in fact, to allow States to cover some prenatal care through CHIP by allowing the insurance of the unborn child.

I want to take a few minutes to talk about the administration's plan to cover the fetus and not to cover women through pregnancy.

Leaving the woman out of this equation is completely contrary to the clinical guidelines of the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, which say the woman and the unborn child need to be treated together. You cannot perform fetal surgery without thinking about the consequences for the mother. You cannot prescribe unlimited prescription drugs to a pregnant woman without considering the consequences to the development of the fetus.

Moreover, if you only are covering the fetus, as this rule would, this eliminates important aspects of coverage for women during all the stages of birth; that is pregnancy, delivery, and postpartum care.

This is exactly what the administration rule proposes to do. According to today's published rule, pregnant women would not be covered during their pregnancy for cancer, medical emergencies, broken bones, or mental illness. Even lifesaving surgery for a mother would appear to be denied coverage.

Further, during delivery, coverage for epidurals is a State option and is justified only if the health of the child is affected. On the other hand, anesthesia is covered for C-sections. The rule would wrongly push women and providers toward providing C-sections to ensure coverage.

Finally, during the postpartum period, women would be denied all health coverage from the moment the child is born. Important care and treatment that includes, but is not limited to, the treatment for hemorrhage, infection, episiotomy repair, C-section repair, family planning counseling, treatment of complications after delivery, and postpartum depression would not be covered under the rule proposed by the administration.

I repeat, our country ranks 26th in the world in maternal mortality. We need to do better than this. We can do better than this for our Nation's mothers. However, let there be no mistake, this bill is also about children's health. Senator BOND's bill is appropriately named the Mothers and Newborns Health Insurance Act for a reason. We all know the importance of an infant's first year of life. Senator BOND's legislation, as amended by the Finance Committee, provides 12-month continuous coverage for children after they are born. Again, the United States ranks 21st in the world in infant mortality, and this provision will help solve that problem.

In sharp contrast, the rule that has been issued today provides an option for 12 months continuous enrollment to States, but makes the time retroactive to the period in the womb. Therefore, if 9 months of pregnancy are covered, the child would lose coverage in the third month after birth. Potentially lost would be a number of important well-baby visits, immunizations, and access to the pediatric caregiver.

This legislation, which was introduced by Senator BOND, has a large number of bipartisan cosponsors, including Senators Daschle and Lott. It should be passed into law as soon as possible. It did pass the Finance Committee unanimously.

Finally, Secretary Thompson is in very strong support of the passage of S. 724, and he has said so publicly. Also in a letter to me that is dated April 12 of this year, he wrote:

Prenatal care for women and their babies is a crucial part of medical care. These services can be a vital, lifelong determinant of health, and we should do everything we can to make this care available for all pregnant women. It is one of the most important investments we can make for the long-term good health of our Nation. . . .I also support legislation to expand CHIP to cover pregnant women.

That is exactly what we have. In addition, Secretary Thompson was quoted in the Washington Post on September 28 as saying in relation to today's ''unborn child'' coverage rule:

There is no abortion issue as far as I'm concerned.

If this is the case, then we should pass this legislation immediately to ensure States have the option of covering pregnant women with the full range of care. It is a much simpler and better way to go, both for the health of mothers and the health of children. It is also free from the very real problem in this Congress of abortion politics.

Once again, this legislation has strong bipartisan support. I will, after my colleagues speak, ask to propound a unanimous consent request.

I ask unanimous consent that the letter from Secretary Thompson be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

THE SECRETARY OF HEALTH AND HUMAN SERVICES,
Washington, DC, April 12, 2002.

Hon. JEFF BINGAMAN,
U.S. Senate,
Washington, DC.

DEAR SENATOR BINGAMAN: Thank you for sharing your views on our new proposal to expand health care coverage for low-income pregnant women under the State Children's Health Insurance Program (SCHIP). I believe it is not only appropriate, but indeed, medically necessary that our approach to child health care include the prenatal stage.

Prenatal care for women and their babies is a crucial part of medical care. These services can be a vital, life-long determinant of health, and we should do everything we can to make this care available for all pregnant women. It is one of the most important investments we can make for the long-term good health of our nation.

Our regulation would enable states to make use of funding already available under SCHIP to provide prenatal care for more low-income pregnant women and their babies. The proposed regulation, published in the FEDERAL REGISTER March 5, would clarify the definition of ''child'' under the SCHIP program. At present, SCHIP allows states to provide health care coverage to targeted low-income children under age 19. States may further limit their coverage to age groups within that range. The new regulation would clarify that states may include coverage for children from conception to age 19, enabling SCHIP coverage to include prenatal and delivery care to ensure the birth of healthy infants.

Although Medicaid currently provides coverage for prenatal care for some women with low incomes, implementing this new regulation will allow states to offer such coverage to additional women. States would not be required to go through the section 1115 waiver process to expand coverage for prenatal care.

By explicitly recognizing in our SCHIP regulations the health needs of children before birth, we can help states provide vital prenatal health care. I believe our approach is entirely appropriate to serve these health purposes. It has been an option for states in their Medicaid programs in the past and it should be made an option for states in their SCHIP program now. As I testified recently at a hearing held by the Health Subcommittee of the House Energy and Commerce Committee, I also support legislation to expand SCHIP to cover pregnant women. However, because legislation has not moved and because of the importance of prenatal care, I felt it was important to take this action.

I know we share the same commitment to achieving the goal of expanding health insurance coverage in order to reduce the number of uninsured.

A similar letter is being sent to the cosigners of your letter. Please feel free to call me if you have any questions or concerns.

Sincerely,

TOMMY G. THOMPSON.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BOND. I thank the Chair.

Madam President, I thank my colleague from New Mexico. I apologized to him earlier today. We tried to get him in the lineup so we could move on this important measure, and we did not get it done.

I rise today in very strong support of the request he is going to make because I share with him and my other colleagues on the floor the fact that S. 724, the Mothers and Newborns Health Insurance Act of 2001, is vitally important for the health care of children and pregnant women in America.

As one who spent a good deal of time concerned about the care of children, particularly health care in the very earliest years, I believe this is one of the most important steps we can take. I was one of the original sponsors of S. 724. The legislation's simple goal is to make sure more pregnant women and more children are covered by health insurance so they get a good start for the child and have access to health care services they need to make sure they are healthy.

This simply gives the States the option and flexibility to cover low-income pregnant women in the States Children Health Insurance Program, or S-CHIP, as I call it, for the full range of prenatal, delivery, and postpartum care. This bill would complement the administration's final rule that allows States to expand S-CHIP coverage to fetuses by covering additional vital health care services for the pregnant mother the rule would not cover.

Under current law, S-CHIP currently permits States to cover eligible babies once they are born, but coverage is not available to women when they are pregnant. This creates the perverse situation in which a State can provide health care for a child the day she is born, but cannot provide the critical prenatal care, both to the child and the mother's health, during the prior 9-month period. It just absolutely makes no sense. Prenatal care is essential for both the mother's health and the baby's health. No health care program that ignores this fact can fully address the issue of children's health care.

This bill will eliminate the illogical disconnect that currently exists between pregnant women and babies in the S-CHIP program.

This bill, as I believe has already been indicated by my colleague, has strong bipartisan support in the Senate and the House. It has the endorsement of the National Governors' Association and 25 other national organizations, including the March of Dimes, the American Academy of Pediatrics, American Public Health Association, National Association of Children's Hospitals, American College of Obstetricians and Gynecologists, and the Catholic Health Association. One normally speaks of the usual suspects backing a bill. In this case, the usual strong proponents are backing the bill. I can think of no stronger group to have behind this measure. I also note, the Secretary of Health and Human Services, Secretary Thompson, strongly supports passage of the legislation.

The need is great. On any given day, almost 9 million children and 400,000 pregnant women do not have health insurance coverage. For many of these women and children, they or their families simply cannot afford insurance. Many others are actually eligible for a public program like Medicaid or S-CHIP, but they do not know they are eligible and are not signed up.

Lack of health insurance can lead to numerous health problems, both for children and for pregnant women.

A pregnant mother without health coverage is much less likely to receive the health care services she needs to ensure the child is healthy, happy, and fully able to learn and grow. All women need prenatal care. Young and old, first baby or fifth, all mothers benefit from regular care during pregnancy.

Studies have shown that an uninsured pregnant woman is much less likely to get critical prenatal care that reduces the risk of health problems for both the woman and the child. Babies whose mothers receive no prenatal care or late prenatal care are at risk for many of the health problems, including birth defects, premature births, and low birth rate, a tragedy that we ought to devote every effort to eliminate.

We know prenatal care improves both birth outcomes and can save money. According to the National Center for Health Statistics, infants born to mothers who receive no prenatal care or late prenatal care are nearly twice as likely to be low birth weight, and low birth weight in pre-term births is one of the most expensive reasons for a hospital stay in the United States, with hospital charges averaging $50,000, an especially serious issue for families without health insurance.

A report by the IOM entitled ''Health Is A Family Matter'' notes:

Infants of uninsured women are more likely to die than are those of insured women.

In one region of West Virginia, the fetal death rate dropped 35.4 to 7 for

1,000 live births after the introduction of the prenatal care for the uninsured. Let me reemphasize that—35 fetal deaths for 1,000 live births. When they gave insurance and prenatal care, it dropped to 7, a reduction of 80 percent.

In addition to ensuring better health outcomes, research and State experience suggest that covering pregnant women is a highly successful outreach mechanism for enrolling children. I thank Senator BINGAMAN from New Mexico for his leadership in the Finance Committee on this vital health care issue. This bill passed the Finance Committee in the beginning of August by unanimous consent, with additional language to provide children continuous coverage through the first and most critical year of life. I commend him for that provision. It makes a strong bill even stronger.

The studies have shown time and again that babies born to mothers receiving late or no prenatal care are more likely to face complications which result in hospitalization, expensive medical treatment, and ultimately increased costs to public programs. We must close the gap in coverage between pregnant mothers and their children to improve the health of both and to address more fully the issue of children's health care.

It can be said this is a sound matter of economics, to reduce the costs, but none of us would deny that the far greater benefits are the benefits of healthy children. Numbers cannot be put on them. In this instance, this is a saving: Less money to care for needy children. But the most important benefit is less needy children, less harm to the children, less serious conditions for the children, and better families, better citizens in the future.

This is crucial legislation. I urge all of my colleagues to join in support so we can pass this bill. I thank the Senator from New Mexico for his leadership, and I hope we will be able to get this bill done before we leave.

I yield the floor.

Mrs. LINCOLN. Madam President, today I proudly rise with my Senate colleagues from New Mexico and Missouri, Senator BINGAMAN and Senator BOND, to speak about the importance of passing S. 724, the Mothers and Newborns Health Insurance Act.

I say to both Senators, I am extremely proud of the enthusiasm and compassion with which they come to this issue, neither one of them having experienced pregnancy themselves, but more importantly I am proud of the fact they have recognized the importance of this issue for mothers and children across our great Nation.

As Senator BOND has mentioned, we must pass this bill as soon as possible, and certainly before we adjourn this Senate.

This bipartisan legislation, which we passed unanimously in the Finance Committee this summer, gives States the option of covering pregnant women in the State children's health insurance program, their CHIP program. Most importantly, the bill allows coverage for postpartum care and treatment of any complications that might arise for women due to pregnancy.

It is absolutely inexcusable the numbers that Senator BINGAMAN presents to us about infant mortality and maternal mortality of women in this great country of ours, at a time when we are ahead of every other nation in every other arena and yet we look at those numbers. To me, I am ashamed of that. I am ashamed we have not taken the course of action that could help us prove to the rest of the world that we truly do value life in this country, and that we want to do all we possibly can to ensure the healthy delivery of children in this country, as well as the health of their mothers.

Myself having given birth to twins 6 years ago, I can personally attest to the importance of prenatal care. Because I did have good prenatal care, I was able to work up until several weeks before I delivered my children. I was blessed with two healthy boys and a relatively trouble-free pregnancy and delivery. Both the boys and I were able to come from the hospital within 2 days to a healthy beginning for our entire family.

Not only is prenatal care essential for quality of life, it is also cost-effective. If we do not want to do it because we value families and the importance that children play in our future, we should at least want to do it because it is cost-effective. For every dollar we spend on prenatal care, we still save more than $6 in neonatal intensive care costs; not to mention the cost to the woman who is giving birth.

It comes as no surprise that preterm births are one of the most expensive reasons for a hospital stay in the United States.

If S. 724 was law and all States elected the option, some 41,000 uninsured pregnant women could be covered. Arkansas currently covers pregnant women up to the minimum Federal requirement of 133 percent of poverty. If the State chose to implement this option, it could raise eligibility levels under S–CHIP to as much as 200 percent of poverty and receive an enhanced Federal payment for doing so. We in Arkansas could receive extra dollars enhanced payment for doing the right thing, both economically and for our families and our children.

This policy simply makes sense. It seeks to improve health care for low-income mothers and their babies while reducing costs for everyone, particularly the taxpayer. No wonder it has the support of Senator DASCHLE and Senator LOTT. Let's not delay any longer. Let's pass this legislation today.

There is no excuse for us not passing this legislation today, tomorrow, or certainly before we adjourn the Senate.

Some might wonder why this legislation is needed since the administration has just announced a final regulation on providing CHIP coverage of unborn children. The reason is simple. The administration's regulation covers the fetus but not the woman. It is beyond me that anyone could imagine when a child who was being carried by a pregnant woman, that in some way these two were separable. They are not.

This is completely contrary to the clinical standards of care established by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. Why on Earth would we want a policy that fails to cover the health issues that may arise for a woman during her pregnancy—issues such as diabetes and hypertension?

What happens to that young mother who is pregnant and all of a sudden has a reaction to diabetes or hypertension, who is in an automobile accident and goes to the hospital?

This covers the medical care for the unborn child but not for the mother who is carrying that child? It makes no sense. Mother and baby are undeniably connected during pregnancy. They must be treated together.

Why would we want a policy that fails to cover post partum care, the 60 days of care following delivery, which can often involve serious clinical complications for the mother? This care is covered by Medicaid and most private insurance. Why wouldn't we cover it under S–CHIP if we are going to cover the unborn child? What if the new mother has a hemorrhage, an infection? She may need some episiotomy repair or have post partum depression. The administration's regulation would not cover such services because, in their words, they are not services for an eligible child. But what about the mother carrying that child?

The March of Dimes mission is to improve the health of babies worldwide; it has expressed serious concern and opposition to the President's regulation. This regulation is needlessly controversial and will therefore prevent many States from even taking up the option. Why further complicate and politicize an issue that is so important to the health of poor mothers and their babies?

Even Secretary Tommy Thompson has indicated publicly his support for S. 724 as a way to expand prenatal care to low-income women. On behalf of our Nation's mothers, fathers, and their babies, we in the Senate have the serious obligation to pass this legislation as soon as possible. It is unconscionable that we have waited this long to pass a bill that would drastically improve the lives of our most vulnerable citizens. It is beyond me why we would even wait or what opposition there might be to this sensible legislation.

I urge my colleagues, as we continue to muddle through all of what we are trying to accomplish in the final days, to help us ground ourselves in some of the issues that can actually make an enormous difference, not only economically but, more importantly, that will

actually affect the lives of some of our most vulnerable constituents.

I plead with my colleagues, let us pass this bill today or certainly before we adjourn.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. BINGAMAN. Madam President, I thank my colleague from Arkansas and also my colleague from Missouri for their eloquent statements in support of moving ahead and passing this legislation. The Senator from Arkansas speaks with more authority and conviction than any male Member of this body can muster in connection with this subject and this legislation. Of course, the Senator from Missouri is the prime sponsor of the very bill on which I am asking that we move ahead.

I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 541, which is S. 724; that the committee substitute be agreed to, the bill be read the third time and passed; that the title amendment be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate; and that any statements related to the bill be placed in the RECORD at the appropriate place as if read.

Mr. NICKLES. Reserving the right to object, I ask my colleague a couple of questions. I have not looked at this issue for some time.

There is a committee substitute to S. 724?

Mr. BINGAMAN. Madam President, yes, there is a committee substitute that is essentially the bill. It is the bill we passed through the Finance Committee by unanimous consent.

Mr. NICKLES. Does the Senator remember how much that bill costs?

Mr. BINGAMAN. Madam President, in answer to the question, the bill costs right at $600 million over a 5-year period, and the cost is fully offset in the legislation.

Mr. NICKLES. Could my colleague tell me how it was offset?

Mr. BINGAMAN. In response, the offset was the increased scrutiny on the Social Security payments which we discussed in the Finance Committee as an appropriate offset. I think all Members agree that would at least raise as much money as this bill will cost the Treasury.

Mr. NICKLES. I appreciate that. I believe I heard one or two Senators say Secretary Thompson supports this bill. It is my understanding that that is not the case. Secretary Thompson may support the thrust of it. I understand he supports the regulation that goes into effect today and this bill somewhat counteracts the regulation that he is primarily responsible for promulgating. Is that correct?

Mr. BINGAMAN. Madam President, I did not hear the second part of the question.

On the question as to whether he actually supports passage of this bill, he issued a press release indicating he supports passage of S. 724, the bill we are trying to move ahead right now. This was March 6, 2002, in his testimony before the House Labor-HHS Appropriations Committee.

Mr. NICKLES. It is my understanding that Secretary Thompson has promulgated a regulation which I believe he thinks satisfies a lot of the unmet health care needs of children, including unborn children, and he supports the regulation that he promulgated and is now effective, and does not support the legislation which goes far beyond the regulation he has promulgated.

I am very particular on making sure we are accurate in our statements. I believe that is accurate. I have asked my staff to check with HHS. I have a note that says he supports the regulation but not the legislation. Maybe he did make a statement that was supportive in March, but he may well believe that was accomplished in the regulation. I have not talked to him personally. I am stating my belief.

I need to learn more about the bill. It has been months since we have looked at it. We have been doing a few other things. I object at this point. At this point I will further my contacts with those in the administration who know more about the regulation just promulgated. I compliment the Secretary on the regulation. I also wish to do a little more homework. I will check with the Secretary of Health and Human Servvices.

I will check with the States. I believe this is an expansion of Medicaid which I know my State is struggling to pay. As a matter of fact, the State was reducing cases, in some cases in Medicaid because they do not have the budget. Our State Medicaid director told us, do not increase any new expansions on Medicaid because we cannot afford it.

Correct me if I am wrong: I think pregnant women who have incomes less than 150 percent of poverty are now eligible for Medicaid and States have the option to take that up to 185 percent. Pregnant women with incomes of less than 185 percent of poverty are eligible for Medicaid, and I believe the legislation takes that up to 300 percent. It makes many more people eligible for Medicaid, which increases the costs to the States, which some States cannot afford.

I object at this point and will check with a couple of other people who may have reservations, and perhaps those questions can be resolved, and I will get back to my friend and colleague from New Mexico.

I object.

The PRESIDING OFFICER. The objection is heard.

Mr. BINGAMAN. Madam President, let me say for the information of my colleague, I appreciate his willingness to look into this matter. My strong impression—and not just impression, but information I have been given—is Secretary Thompson clearly supports the regulation which his Department issued today related to the fetus, the coverage of unborn children. However, he also supports passage of this bill to provide an option to States to cover pregnant women under the CHIP Program.

It is also my information that this does not involve any expansion of Medicaid, that this is strictly a change in law that provides the option to States to cover pregnant women under the CHIP Program if they so choose. That is not, as I see it, an additional burden on any State.

Mr. NICKLES. Will the Senator yield?

Mr. BINGAMAN. Yes, I am glad to yield.

Mr. NICKLES. Did the Senator say it is his belief that this bill does not increase Medicaid coverage for pregnant women up to 300 percent of poverty?

Mr. BINGAMAN. That is certainly my understanding of the bill. I know of no provision in this bill that changes the Medicaid coverage that way.

Mr. NICKLES. We will both do a little more homework and I will be happy to talk to my friends and colleagues, both from Arkansas and from New Mexico, and see where we go from there.

Mr. BINGAMAN. Madam President, let me add one other item, since the Senator referred to it, about States not favoring this. My other information is that the National Governors Association has issued a policy or endorsement of this legislation and supports it.

I appreciate the willingness of the Senator from Oklahoma to look into this further. I will get all the information we have to him. If he has any other information that we need to see, I am glad to look at it. I hope we can move ahead as soon as possible with this bill.

I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. REED. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. MILLER). Without objection, it is so ordered.

IN MEMORY OF HARRY KIZIRIAN

Mr. REED. Mr. President, Rhode Island has lost a valiant son, the Nation has lost a heroic Marine and thousands of my neighbors have lost a true and faithful friend.

On September 13, 2002, Harry Kizirian died. His name in Rhode Island is synonymous with selfless service, love of country, commitment to family and unshakeable loyalty to his faith and to his friends.

Harry was born on July 13, 1925 at 134 Chad Brown Street in Providence, RI. He was the proud son of Armenian immigrants. His father and mother, Toros and Horopig Kizirian, came to America